

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">504892</div>	FILING DATE <div style="font-size: 1.2em; font-weight: bold;">2-16-00</div>						
						CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT								
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